



THRIFT SAVINGS PLAN

CERTIFICATION OF TRANSFER OF FUNDS AND JOURNAL VOUCHER FOR CONTRIBUTIONS REQUIRING G FUND BREAKAGE

TSP-2-G

I. IDENTIFICATION

To: TSP Agency Technical Services Fairfax Post Office ATS – P.O. Box 4570 Fairfax, VA 22038-9998 Telephone: (888) 802-0179 Fax Number: (703) 788-2936		1. From:		
2. Payroll Office Number		3. Journal Voucher Report Number G	4. Current Pay Date (mm/dd/yyyy)	5. Type of Media <input type="checkbox"/> Electronic Submission <input type="checkbox"/> Tape <input type="checkbox"/> Disk <input type="checkbox"/> TSP-5
6. Reel Number	7. Reel Date (mm/dd/yyyy)		8. Back-up Number (if applicable)	9. Back-up Date (mm/dd/yyyy)

II. RECORDS SUBMITTED

10. Number of Employee Data Records		
11. Number of Current Payment Records		
12. Number of Late Payment Records		
13. Number of Negative Adjustment Records		
14. Total Number of Records		

III. RECORDS BY CONTRIBUTION SOURCE

	Total Current and Late Payment Records	Total Negative Adjustment Records
Employee Contributions	15. \$	19. \$
Agency Automatic (1%) Contributions	16. \$	20. \$
Agency Matching Contributions	17. \$	21. \$
Totals	18. \$	22. \$
Control Total		23. \$

IV. CERTIFICATION

I certify that (1) prudent measures have been taken to ensure that the TSP transactions associated with this voucher are correct according to applicable law and TSP procedures; (2) the amount in Block 18 is available to be credited to the TSP receipt account; and (3) the amount in Block 22 may be credited to this agency's account if found to be correct. I understand that (1) the amount of the credit may be reduced by any investment losses computed by the TSP in connection with the money to be returned to the agency and by any amounts that, under applicable law or TSP procedures, may not be returned to this agency; (2) the TSP System will calculate the associated breakage and charge this agency's Treasury account with the attributable expense; and (3) if this payroll submission is processed more than 30 days after the "Current Pay Date," the TSP System will calculate breakage on employee makeup contributions as of the "Current Pay Date" and charge this agency's Treasury account with the attributable expense. Such additional charges will be reversed only if it is established that the late processing was caused by TSP record keeper error.

24. _____
 Typed or Printed Name of Authorized Administrative or Certifying Officer

26. (_____) _____ – _____
 Telephone (Area Code and Number)

25. _____
 Signature of Authorized Administrative or Certifying Officer

27. (_____) _____ – _____
 Telefax (Area Code and Number)

28. _____
 Date Certified



Use this form **only** to submit payment records of **makeup contributions** (regular or catch-up) resulting from the performance of military service, employment with an international organization, or a back pay award for an erroneous separation for which breakage must be calculated using **the Government Securities Investment (G) Fund share prices**. Employee Data Records for employees receiving such makeup contributions may also be submitted with this form, but do **not** submit any other payment records with this form.

I. IDENTIFICATION

Block 1, From. Enter address of sender. Include payroll office name, address, and Zip Code.

Block 2, Payroll Office Number. Enter assigned 8-position payroll office number in XX-XX-XXXX format.

Block 3, Journal Voucher Report Number. Enter 6-position report number. The first position is "G". The next two positions represent the calendar year of the reporting pay period. The last three positions represent a sequential number beginning with 001. This number will serve as a control over receipt of the reports. For example, G03001 would be the first JV report number submitted in the year 2003.

Block 4, Current Pay Date. Enter date payroll paid in mm/dd/yyyy format.

Block 5, Type of Media. Indicate whether you are making an electronic submission or submitting a magnetic tape, a diskette, or Form(s) TSP-5.

Block 6, Reel Number. Enter reel number of magnetic tape sent, if applicable.

Block 7, Reel Date. Enter date reel was created. Use mm/dd/yyyy format.

Block 8, Back-up Reel Number (if applicable). Complete this section if duplicate (back-up) magnetic tape is submitted with this form.

Block 9, Back-up Reel Date. If Block 8 is completed, enter date back-up reel was created. Use mm/dd/yyyy format.

II. RECORDS SUBMITTED

Block 10, Number of Employee Data Records. Enter total number of employee data records (Record Type 06) submitted.

Block 11, Number of Current Payment Records. Enter total number of current payment records (Record Types 16 and 86) submitted.

Block 12, Number of Late Payment Records. Enter total number of late payment records (Record Types 46 and 88) submitted.

Block 13, Number of Negative Adjustment Records. Enter total number of negative adjustment records (Record Types 26 and 29) submitted.

Block 14, Total Number of Records. Enter the total number of records submitted. This is equal to the sum of Blocks 10, 11, 12, and 13 and excludes magnetic media header and trailer records.

III. RECORDS BY CONTRIBUTION SOURCE

Block 15, Total Employee Contributions. Enter total employee contributions.

Block 16, Total Agency Automatic (1%) Contributions. Enter total agency automatic (1%) contributions.

Block 17, Total Agency Matching Contributions. Enter total agency matching contributions.

Block 18, Total Current and Late Payment Records Amount. Enter total employee contributions and agency contributions. This is equal to the sum of Blocks 15, 16, and 17.

Block 19, Total Employee Contributions. Enter total of adjustments to employee contributions.

Block 20, Total Agency Automatic (1%) Contributions. Enter total adjustments to agency automatic (1%) contributions.

Block 21, Total Agency Matching Contributions. Enter total adjustments to agency matching contributions.

Block 22, Total Negative Adjustment Records Amount. Enter total adjustments to employee and agency contributions. This is equal to the sum of Blocks 19, 20, and 21.

Block 23, Control Total. Subtract Box 22 from Box 18 and enter amount here. (This figure is used only for verification of data entry.)

IV. CERTIFICATION

Block 24, Typed Name of Authorized Administrative or Certifying Officer. Type or print name of official who is responsible for the accuracy of this voucher and the data it transmits.

Block 25, Signature of Authorized Administrative or Certifying Officer. Signature of person named in Block 24.

Block 26, Telephone Number. Enter telephone number of certifying officer, including area code.

Block 27, Telefax Number. Enter telefax number of certifying officer, including area code.

Block 28, Date Certified. Enter date the document is signed.